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Valerie L. Schipper	(Depositer's name).
Valeire L. Schipper	(Signature)
3/29/2003	(Dote)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/771,861	02/03/2004	Kozuo Ańdo	PC9960D	3504

TITLE OF INVENTION: SULFONYLBENZENE COMPOUNDS AS ANTI-INFLAMMATORY/ANALGESIC AGENTS

APPEN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	04/18/2005	
EXAMINER		ARTUN	ит	CLASS-SUBCLASS	1		
PATEL, SU	DHAKER B	1624		514-183000	•		
CFR 1.363). Change of correspond Address from PTO/SB/I.	e address or indication of "F dence address (or Change of 22) attached. tion (or "Fee Address" Indic or more recent) attached. Us	Correspondence	(1) the more agents	nting on the patent front page, li ames of up to 3 registered pater OR, aliematively, sme of a single firm (having as a lattomey or agent) and the name ed patent atterneys or agents. If name will be printed.	nt attorneys iMary J.	. Hosley G. Munchhof Richardson	
	EĘ	elow, no assignee of this form is NO	data will app I a substitute RESIDEN	T (print or type) pear on the patent. If an assign for filling an assignment. CE: (CITY and STATE OR COL TORK, New York:		ocument has been filed for	
				patent): 🗖 Individual 🖏 Co	orporation or other private gre	oup entity Government	
4a. The following fee(s) are	enciosed:	46	. Payment of				
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Authorized Signature	Joren Olle	reduct	3	Dáte	3/16/05		
Typed or printed name Karen DeBenedictis Registration No. 32,977							

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

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Mary J. Hosley

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Complete if Known			
Application Number	10/771861		
Filing Date	February 3, 2004		
First Named Inventor	Kazuo Ando		
Examiner Name	Sudhaker B. Patel		
Art Unit	1624		
Attorney Docket No.	PC9960D		

METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued)							
Check Credit card Money Other None 3. ADD				ONAI	L FEE	S	
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Deposit		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	For Dold
Account Number	21-0718	1051	130	2051	• • •	Surcharge - late filing fee or oath	Fee Paid
Deposit Account	Pharmacia & Upjohn Company	1052	50	2052		Surcharge - late provisional filing fee or cover sheet	
Name The Director is	authorized to: (check all that apply)	1053	130	1053	130	Non-English specification	
	s) indicated below Credit any overpayments	1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
	additional fee(s) or any underpayment of fee(s)	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
Charge fee(s) Indicated below, except for the filing fee entified deposit account.	1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
	FEE CALCULATION	1251	110	2251	55	Extension for reply within first month	
1. BASIC FI		1252	420	2252	210	Extension for reply within second month	
Large Entity S	mall Entity	1253	950	2253	475	Extension for reply within third month	
	Fee Fee Fee Description Fee Paid Code (\$)	1254	1,480	2254	740	Extension for reply within fourth month	
	2001 385 Utility filing fee	1255	2,010	2255	1,005	Extension for reply within fifth month	
1002 340	2002 170 Design filing fee	1401	330	2401	165	Notice of Appeal	
1003 530	2003 265 Plant filing fee	1402	330	2402	165	Filing a brief in support of an appeal	
1004 770	2004 385 Reissue filing fee	1403	290	2403	145	Request for oral hearing	
1005 160	2005 80 Provisional filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding	
j '	SUBTOTAL (1) (\$)0.00	1452	110	2452	55	Petition to revive - unavoldable	
2 EYTRA C	LAIM FEES FOR UTILITY AND REISSU	1453	1,330	2453	665	Petition to revive - unintentional	
Z. EXIIO	Fee from	1301	1,330	2501		Utility issue fee (or reissue)	<u> </u>
Total Claims	Extra Claims below Fee Paid	71	480	2502		Design issue fee	
Independent	-3** = 0 x \$0.00 = \$0.00	1503	640	2503		Plant issue fee	
Claims Multiple Deper		1460	130	1460		Petitions to the Commissioner	
Large Entity		1807	50	1807		Processing fee under 37 CFR 1.17(q)	-
Fee Fee Code (\$)	Fee Fee <u>Fee Description</u> Code (\$)	1806 8021	180 40	1808 802		Submission of Information Disclosure Stmt Recording each patent assignment per	
1202 18	2202 9 Claims in excess of 20	1809	770	2809	385	property (times number of properties) Filing a submission after final rejection	
1201 86	2201 43 Independent claims in excess of 3	1				(37 ČFR 1.129(a))	
1203 290 1204 86	2203 145 Multiple dependent claim, if not paid 2204 43 ** Reissue Independent claims	1810	770	2810	385	For each additional invention to be examined (37 CFR 1.129(b))	
	over original patent	1801	770	2801		Request for Continued Examination (RCE)	
1205 18	2205 9 ** Reissue claims in excess of 20 and over original patent	1802	900	1802		Request for expedited examination of a design application	
3 .	SUBTOTAL (2) (\$) 0.00					inal Disclaimer	130.00
Contract Street, and other Persons of the Persons o	previously paid, if greater; For Reissues, see above	Red	uced by	Basic	Filing F	ee Paid SUBTOTAL (3) (\$) 130	.00
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